



Bib Data Sheet



UNITED STATES DEPARTMENT OF COMMERCE
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SERIAL NUMBER 09/592,596	FILING DATE 06/12/2000 RULE -	CLASS 345	GROUP ART UNIT 2773 2174	ATTORNEY DOCKET NO. SAM1.0067
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APPLICANTS

Richard Humpleman, Fremont, CA ;
Dongyan Wang, Santa Clara, CA ;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/146,101 07/27/1999
AND CLAIMS BENEFIT OF 60/149,515 08/17/1999

NN

**** FOREIGN APPLICATIONS *******

NONE

NN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/04/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	<i>K. Sherman</i> Examiner's Signature	NN Initials	
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
CA	12	20	2

ADDRESS

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TITLE

Device discovery and control in a bridged home network

FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 7063

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This appln claims benefit of 60/146,101 07/27/1999
and claims benefit of 60/149,515 08/17/1999

NN

** FOREIGN APPLICATIONS *****

*None**NN*

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** 08/04/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	<i>Dongyan Wang</i> Examiner's Signature	<i>NN</i> Initials			

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TITLE

Device discovery and control in a bridged home network

FILING FEE RECEIVED 816	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit